

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214501133</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Atradius Trade Credit Insurance, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>1/31/2014</b></p> <p>SCC ID NO: <b>F1456328</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>4,000</td> </tr> </table> </div> </div> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MD</b></p>			CLASS	AUTHORIZED	COMMON	4,000
CLASS	AUTHORIZED					
COMMON	4,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 230 SCHILLING CIRCLE STE 240</p> <p style="text-align: center;">CITY/ST/ZIP: HUNT VALLEY, MD 21031</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; vertical-align: top;"> NAME: RICHARD F.J.J ARIENS  TITLE: PRESIDENT  ADDRESS: 230 SCHILLING CIRCLE  STE 240  CITY/ST/ZIP/CO: HUNT VALLEY, MD 21031 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD F.J.J ARIENS TITLE: PRESIDENT ADDRESS: 230 SCHILLING CIRCLE STE 240 CITY/ST/ZIP/CO: HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD F.J.J ARIENS TITLE: PRESIDENT ADDRESS: 230 SCHILLING CIRCLE STE 240 CITY/ST/ZIP/CO: HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; vertical-align: top;"> NAME: SAMUEL HAUTOT  TITLE: TREASURER  ADDRESS: 230 SCHILLING CIRCLE  STE 240  CITY/ST/ZIP/CO: HUNT VALLEY, MD 21031 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SAMUEL HAUTOT TITLE: TREASURER ADDRESS: 230 SCHILLING CIRCLE STE 240 CITY/ST/ZIP/CO: HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; vertical-align: top;"> NAME: NEIL A LEARY  TITLE: DIRECTOR  ADDRESS: 34994 ROYAL TROON CIRCLE  DAGSBORO, DE 19939 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NEIL A LEARY TITLE: DIRECTOR ADDRESS: 34994 ROYAL TROON CIRCLE DAGSBORO, DE 19939	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S FELMAR VICE PRESIDENT 230 SCHILLING CIRCLE SUITE 240 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARILYN M CARP DIRECTOR 520 PARK AVENUE BALTIMORE, MD 21201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES K O'NEILL DIRECTOR 7 KATSURA DRIVE PURCHASE, NY 10577	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY G HAYMAN III DIRECTOR 435 NEWTON ROAD BERWYN, PA 19312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS D COLLINS VICE PRESIDENT 230 SCHILLING CIRCLE SUITE 240 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN G JOSEPH SECRETARY 230 SCHILLING CIRCLE SUITE 240 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SAMUEL HAUTOT		12/12/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
SAMUEL HAUTOT, TREASURER			
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			